CAP MR/DD Service Definition

Title: Residential Supports

Definition:
Residential Supports provides assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting.

Habilitation, training and instruction are coupled with elements of support, supervision and engaging participation to reflect the natural flow of training, practice of skills, and other activities as they occur during the course of the person's day. This service is distinctive in that it includes habilitation and training activities, as well as care and assistance with activities of daily living when the individual is dependent on others to ensure health and safety. Interactions with the person are designed to achieve outcomes identified in the person centered plan. Support and supervision of the person's activities to sustain skills gained through habilitation and training is also an acceptable goal of Residential Supports.

This service is provided to individuals who live in licensed community residential settings, foster homes, as well as unlicensed alternative family living homes that serve one adult. This service also provides assistance; support, supervision, and monitoring that allow individuals to participate in home or community activities.

Residential Support Providers have 24 hours 7 day a week responsibility for the individual served and thusly are responsible for supervision and support of the individual when not in other services.

Residential Supports are inclusive of home and vehicle modifications.

Service Limitation:
The payments for Residential Supports do not include payment for room and board;

Payments will not be made for the routine care and supervision that would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.

Residential Supports can be provided in licensed residential settings of 3 beds or less including licensed Alternative Family Living or Foster Homes and unlicensed alternative family living homes serving one adult.

Residential Supports may also be provided in licensed residential setting of 4-6 beds which were licensed prior to the implementation of this waiver and demonstrate a home and community character. A home and community facility is characterized as a facility that provides an environment like a home, provides full access to typical facilities in a home such as a kitchen with cooking facilities, small dining areas, provides for privacy, visitors at times convenient to the individual and easy access to resources and activities in the community.

Individuals who live in a licensed group home or adult care home with 7-15 beds, and who were participating in the CAP-MR/DD Waiver (North Carolina's approved 1915-C Home and Community Based Waiver) at the time of implementation of this Waiver may continue receiving Residential Supports

in their current living arrangement, if it is justified in the Person Centered Plan as to the appropriateness of this placement, the unavailability of other appropriate placements and how this placement meets the home and community character. No other individuals may receive CAP-MR/DD waiver services in a licensed group home or adult care home with 7-15 beds, except for individuals admitted only for short term respite.

Individuals who live in residences with 16 or more beds at the time of the implementation of this Waiver may continue receiving Residential Supports in their current living arrangement however these individuals will be transitioned into smaller community based living arrangements within three years of the implementation of this waiver. Plans for this transition must be developed within 6 months of the implementation of the waiver. A progress report outlining activities completed toward transition must be accompanied with each Person Centered Plan and request for reauthorization of services. No other individuals will receive CAP-MR/DD waiver services in residences of 16 or more beds. Individuals who receive Residential Supports may not receive State Plan Adult Care Personal Care Services, Medicaid Personal Care Service, Home and Community Supports or Personal Care Services.

Residential Supports may only be provided by the provider who maintains the license for the home in which the waiver recipient lives.

Staff Qualifications:
Individuals providing Residential Supports must meet the following staffing requirements:

- Staff must meet the requirements for paraprofessionals in 10A NCAC 27G.0200
- Have a high school diploma or GED
- Staff must meet client specific competencies as identified by the individual's person-centered planning team and documented in the plan of care.
- Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training.
- Paraprofessionals providing must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline.
- Must have a criminal record check
- A healthcare registry check is required as required in accordance with 10A NCAC 27G.0200
- If providing transportation, have a valid North Carolina driver's license and a safe driving record and has an acceptable level of automobile liability insurance.

Documentation Requirements:
Residential Supports will be documented by use of a grid. A grid is a form that is designed to identify the goal(s) that is being addressed and with a key developed specifies the intervention/activity provided and a separate key developed which reflects the assessment of consumer's progress toward goal(s) during that episode of care.

A grid shall include:

- the full date the service was provided (month/day/year);
- the goals that are being addressed;
- a number or letter as specified in the key which reflects the intervention/activity;
- a number or letter as specified in the key which reflects the assessment of the consumer's progress toward goals;

- duration, when required; and
- initials of the individual providing the service. The initials shall correspond to a signature on the signature log section of the grid.

The grid shall provide space where additional information may be documented as needed.

Services will be documented within 24 hours of being provided.

Provider Qualifications:
Residential Supports services must be delivered by practitioners employed by, or have a contract with mental health, developmental disabilities or substance abuse provider organizations that

- meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);
- meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and
- fulfill the requirements of 10A NCAC 27G.

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the Local Management Entity (LME). Additionally, within two years of waiver implementation or enrollment as a provider, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards. This includes national accreditation within the prescribed timeframe.

The provider organization is identified in the Person Centered Plan. For Medicaid services, the organization is responsible for obtaining authorization from Medicaid's approved vendor for medically necessary services identified in the Person Centered Plan. For State-funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.